

Vermont Aging & Disabilities Resource Connection

VT Department of Disabilities, Aging & Independent Living
Advisory Board Presentation

July 10, 2014

Objectives

- Educate board on federal expectations and vision refinements
- Share highlights of key initiative areas:
 - Marketing & branding
 - Medicaid Reimbursement Pilot
 - Care Transitions Pilot
 - Person-Centered Options Counseling
 - Governance & Administration
- Discuss future needs/plans and solicit feedback
- Q&A

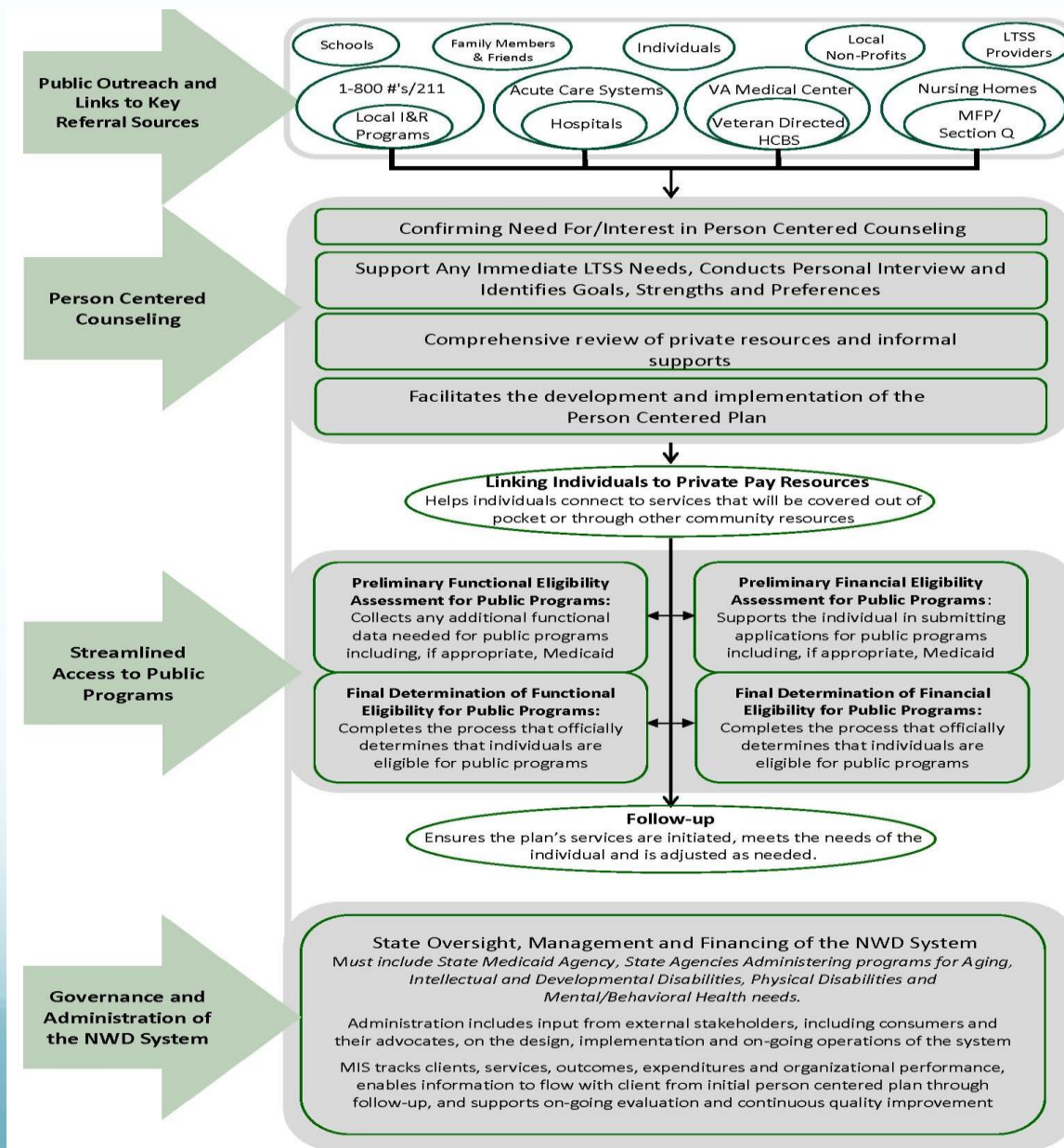
Federal Vision

- Administration for Community Living/Centers for Medicare & Medicare Services/Veterans Health Administration collaborative vision for a No Wrong Door
- Shifting landscape from specifically referencing “ADRC’s” to concept of “No Wrong Door”
- Expanded populations including Intellectual and Developmental Disabilities and Behavioral Health
- Vision remains: states building infrastructure of No Wrong Door access to long term services and supports regardless of age, disability, or income

No Wrong Door Vision

In collaboration with states, develop a National NWD/ADRC System for all populations and all payers which is person centered, financially sustainable and high quality that supports individuals to achieve their goals for community living.

No Wrong Door Schematic and Functions



No Wrong Door Refinements

- Heightened emphasis on **Governance & Administration** of a state's No Wrong Door System to Long Term Services and Supports (LTSS)
- Focus on **sustainability** and **Medicaid-reimbursable activities** to support ADRC/NWD infrastructure
- Messaging of ADRC/NWD as a **systems change platform** vs singular grant activity
- Expectation that states will build **functional and operational capacity** to achieve this vision
- Emphasis on **high level state engagement** including State Unit on Aging & Disability, State Medicaid Agency, and State entities responsible for I/DD and behavioral health

Vermont's Response

- Launching DAIL internal workgroup to focus on Governance & Administration
 - Initial planning on DAIL's structure to expand to broader cross-agency and stakeholder structure
- Re-engagement of dialogue with DDS and role of designated agencies serving individuals with intellectual & developmental disabilities
- Year 3 goal of engaging DMH and DA's in addressing behavioral health needs
- Engaging in statewide dialogue on larger systems change initiatives such as the SIMS project, healthcare reform, and the HIE

Key Activities

- Marketing & Branding
- Medicaid Reimbursement Pilot Project
- Care Transitions Pilot Project
- Person-Centered Options Counseling

Marketing & Branding

- Engaged HMC as consultants to the VT ADRC Leadership Team and DAIL in a **branding and discovery process**
- Outcomes:
 - articulate desired “brand” for the ADRC
 - Recommend logo and tagline
 - Build “seal of approval concept”
 - Guide ADRC core partners in creating brand meaning
- Next Steps:
 - Outreach & marketing campaign to create meaning and recognition
 - Phased strategy

VERMONT ADRC BRAND STRATEGY

Brand Strategy

The plan by which the audience will form the desired perception of the effort



Medicaid Reimbursement Pilot Project

- Launched February 2014
- Pilot regions:
 - DCF Barre District Office and Central Vermont Council on Aging
 - DCF Newport District Office and Area Agency on Aging for Northeastern Vermont
- Pilot Period: through January 2015

Medicaid Reimbursement Pilot Project Outcomes

- All ADRC partner agencies receiving Medicaid match for activities related to Medicaid Outreach, delivery of Options Counseling, assisting in processing/completing/expediting the long term care Medicaid financial eligibility process, and assisting with identifying individuals likely eligible for the Choices for Care Program and augmenting work of the Long Term Care Clinical Coordinators (LTCCCs).
- DCF District Office Caseload Numbers are meeting/exceeding mandated timeframes for processing long term care Medicaid applications.
- Number of individuals referred to LTCCCs are more than “x” % likely to be deemed functionally-eligible for the Choices for Care Program.
- Consumers are connected to services in a more timely fashion than they are experiencing today.
- Consumers have an improved quality of life, and are able to live/remain in the community of their choice for as long as possible.
- Consumers are more aware of their LTSS options.

Care Transitions Pilot Project

- Launched February 2014
- Pilot region: southwestern Vermont
- Pilot partners:
 - Southwestern Vermont Medical Center
 - Southwestern Vermont Council on Aging
 - Vermont Center for Independent Living
 - Brain Injury Association of Vermont
- Pilot Period: through January 2015

Care Transitions Pilot Project

Evaluation Questions

- Does the proposed pilot project reduce the number of hospitalizations, re-hospitalizations and ER visits by the individuals at SVMC that participate in this program?
- Does the proposed pilot project affect the rate of hospitalization to the Centers for Living and Rehabilitation (CLR)?
- Does the proposed pilot project impact the satisfaction of the individuals who are provided the services proposed by the pilot project at SVMC and CLR?
- Does this proposed pilot project affect the number of referrals SVMC and CLR make for Options Counseling and Transition Assistance?
- Does this formal relationship with the ADRC partners with the Hospitals Care Transitions work improve the communication, coordination and delivery of services?
- Does this formal relationship with the ADRC partners impact overall cost?

ADRC Care Transitions Dashboard

[illegible]

Person-Centered Options Counseling

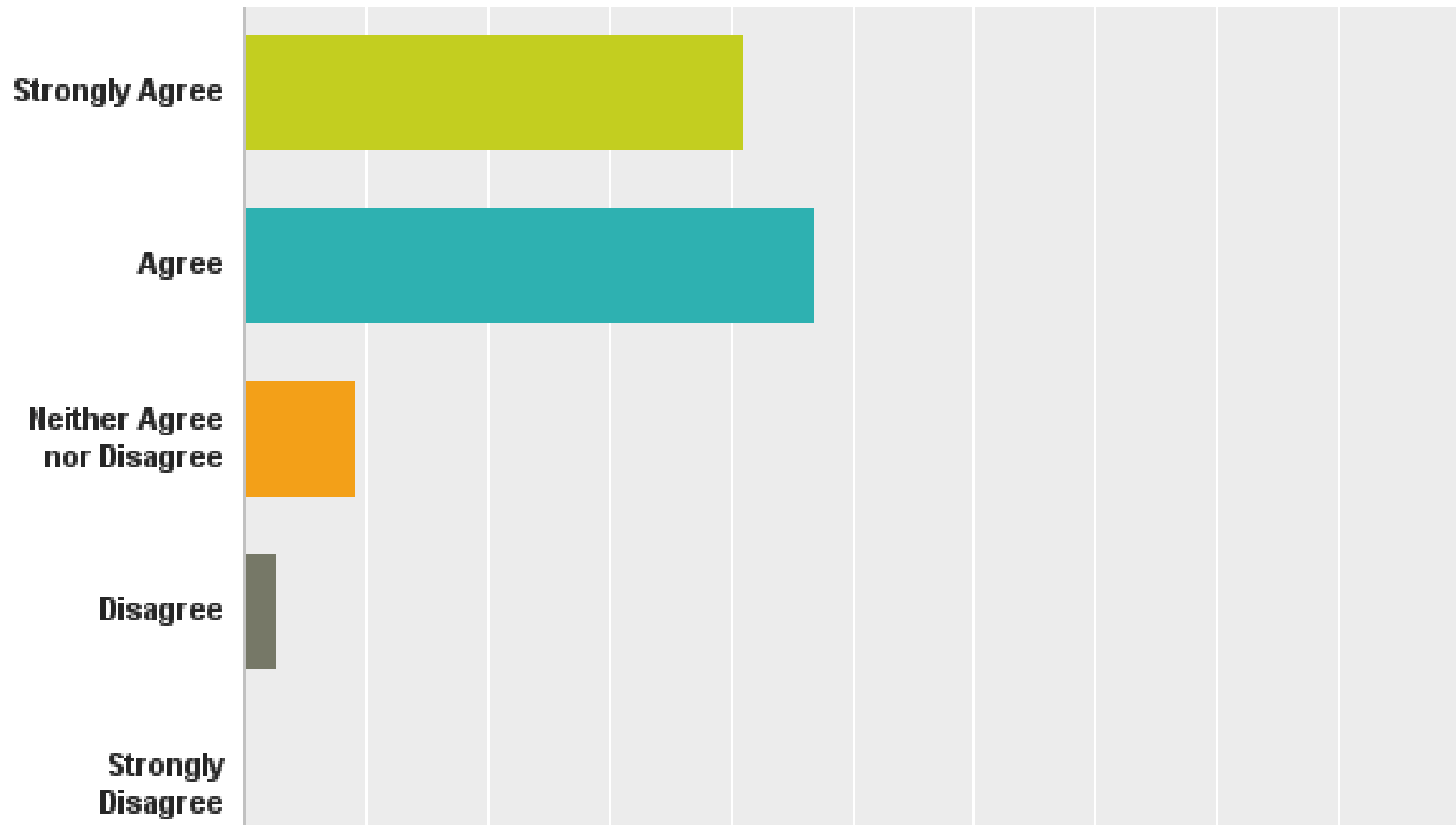
- Vermont boasts over 60 uniquely qualified Options Counselors who currently meet the national core competencies
- Partnering with the other 7 Part A states in development of national Options Counseling Training & Certification
- Currently developing national curricula outline
- Online web platform in development
- Online training curricula available next summer
- Certification expectations slated for next spring

Vermont's Work

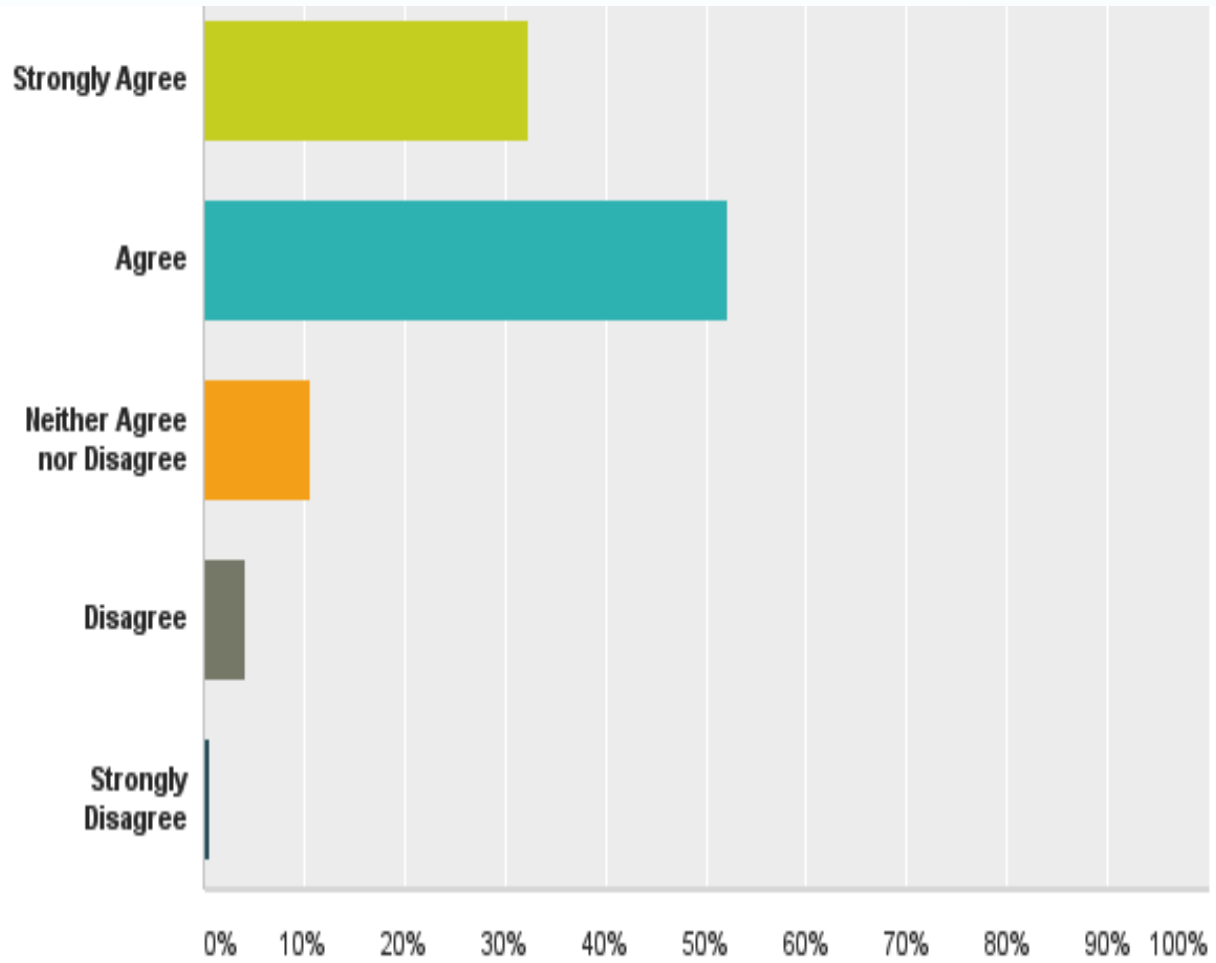
- Revised State Standards based on national direction and two new core partners: Green Mountain Self-Advocates and Vermont Family Network
- In February, completed two day Person Centered Thinking and Planning training with The Learning Community as a pilot of the national training
- Completed online training at the Boston University Center for Aging and Disability Education & Research (CADER)
- Conducted multiple online webinars in the use of Person Centered Thinking tools that are now available on Vimeo for continued education

I understand my long term support choices better after talking to the Options Counselor.

Answered: 185 Skipped: 6

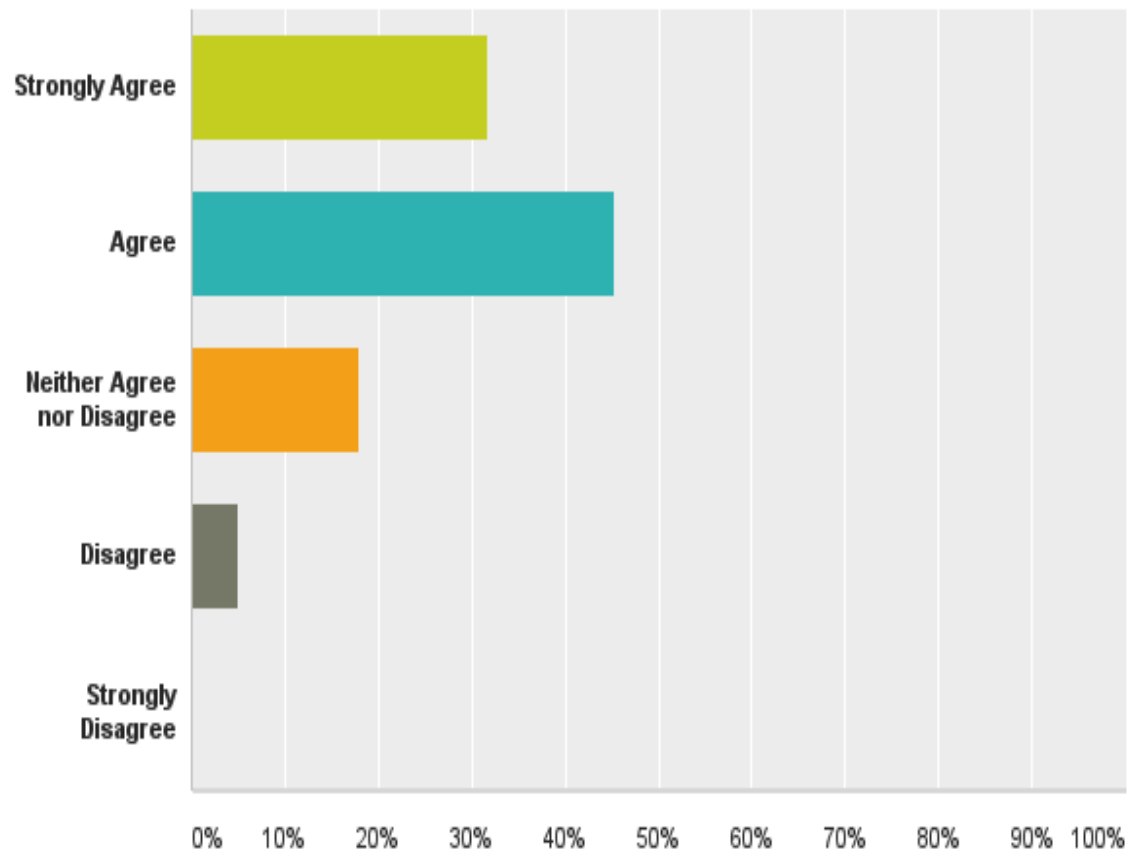


After meeting with the Options Counselor, I was better able to make decisions about my support options/choices.



Q7 Do you think that the Options Counseling process helped you get the services you need to meet your goals?

Answered: 183 Skipped: 8



Discussion/Feedback